Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, IN 46204



Michael R. Pence Governor of Indiana Deborah J. Frye PLA Executive Director

Expired for 3 or more years Speech-Language Pathology Audiology Renewal

Please mail this form with the reinstatement fee of \$250.00 and required documentation (listed at the bottom of this form) to the address above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to questions 1-5 below, please send a signed and notarized statement fully explaining the response plus any additional documentation with this form. If you have any questions for the Speech-Language Pathology and Audiology Board please email pla4@pla.in.gov or call 317-234-2067.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address							
Enter Licensee Name	Enter License Number		Expiration Date	Renewal Fee			
				\$250			
Street Address							
City		State		Zip Code			
Phone Number		Email Address					

QUESTIONS		
Since you last renewed, has any health professional license, certificate, registration		
or permit you hold or have held been disciplined or are formal charges pending?	Yes	No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit		
in any state?	Yes	No
Since you last renewed, and except for minor violations of traffic laws resulting in fines and		
arrests or convictions that have been expunged by a court, have you been arrested, entered	Yes	No
into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any		
offense, misdemeanor, or felony in any state?		
Since you last renewed have you had a malpractice judgment against you or settled		
a malpractice action?	Yes	No
Since you last renewed Have you been denied staff membership or privileges in any		
hospital or health care facility or, have staff membership or privileges been revoked,	Yes	No
suspended, or subjected to any restriction, probation, or other type of discipline or		
limitations?		
	Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending? Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state? Since you last renewed have you had a malpractice judgment against you or settled a malpractice action? Since you last renewed Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or	Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending? Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state? Since you last renewed have you had a malpractice judgment against you or settled a malpractice action? Yes Since you last renewed Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct. Signature of Licensee Date (month, day, year)

Expired 3-6 years: submit 36 hours of CEU within the last 24 months and a signed letter of work history of what you have been doing since your license expired. If you haven't been working in your field, you will then need to submit a total of 72 CEU's. **Expired 6 years or more:** submit 72 hours of CEU's with 36 CEU's within the last 24 months; a signed letter of work history of what you have been doing since your license expired – if employed during an expired renewal period with a school district or in another state then the licensee must provide verification of their license; if unemployed during an expired renewal period then the licensee must submit the required CEU and the following:

Current ASHA registration or;

- Official transcript
- Proof of direct supervised clinical experience
- Proof of clinical fellowship and
- Official ETS-Praxis Series scores
 Must take and pass the law exam once all CEU & verifications have been received.

FOR OFFICE USE ONLY					
Renewal Fee	Receipt No.	Date			